

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/506962

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	DCL	DER	DCL	DER	DCL	DER		DCL	DER	DCL	DER	
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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS